



SNS-OPM-ATT 2.B-10.a
 Unreviewed Safety Issue (USI) Evaluation Form

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SNS OPM Procedures in which this Attachment is used.		
2.B-10		

Approved:  4/28/16
 ISD Division Director Date

Approved:  04.28.16
 RAD Division Director Date

Approved:  04.28.16
 SNS Operations Manager Date

Contacts: Safety Regulatory Officer
[SNS-OPM Editor](#)

SNS-OPM-ATT 2.B-10.a.
Unreviewed Safety Issue (USI) Evaluation Form

I. Title of USI Evaluation:

USI Evaluation for (mention the proposed activity or discovered condition)...

II. Description of Proposed Activity (or discovered condition) (use attachments if necessary):

The ...

III. Does the proposed activity or discovered condition affect information presented in the FSAD-NF or FSAD-PF, e.g. regarding equipment, administrative controls, or safety analyses. If so specify the applicable FSAD and relevant sections.

FSAD-NF, Section(s) ____

FSAD-PF, Section(s) ____

IV. Does the proposed activity or discovered condition affect any of the requirements of the ASE. If so, list the affected sections

ASE for ____, Section(s) ____

V. USI Evaluation Criteria:

1. Could the change significantly increase the probability of occurrence of an accident previously evaluated in the FSADs? Yes __ No __
Justification: (use attachment if necessary)
2. Could the change significantly increase the consequences of an accident previously evaluated in the FSADs? Yes__ No __
Justification: (use attachment if necessary)
3. Could the change significantly increase the probability of occurrence of a malfunction of equipment important to safety previously evaluated in the FSADs?
Yes__ No __
Justification: (use attachment if necessary)
4. Could the change significantly increase the consequences of a malfunction of equipment important to safety previously evaluated in the FSADs?
Yes__ No __
Justification: (use attachment if necessary)
5. Could the change create the possibility of a different type of accident than any previously evaluated in the FSADs that would have potentially significant safety consequences? Yes__
No __
Justification: (use attachment if necessary)
6. Could the change increase the possibility of a different type of malfunction of equipment important to safety than any previously evaluated in the FSADs?
Yes__ No __
Justification: (use attachment if necessary)

VI. USI Determination: A USI is determined to exist if the answer to any of the 6 questions above (Section V) is “Yes.” If the answer to all 6 questions is “No”, then no USI exists.

- a. Does the proposed activity (or discovered condition) constitute a USI?
___ Yes – DOE approval required prior to implementing
___ No – Proposed activity may be implemented with appropriate internal review.

Qualified Preparer _____
Date

Qualified Reviewer _____
Date

Approvals:

Signature of SNS Operations Manager or Designee _____
Date